

**School Health Index  
And  
Health Education Curriculum  
Analysis Tool Trainings**

**Conference Registration Brochure**

September 28th, 2009 8:30am-4:30pm CST  
**School Health Index: A Self Assessment and Planning  
Guide for Schools**  
**Presenter: Fran Meyer, CDC Trainer**

September 29th, 2009 8:30am-3:00pm CST  
**Health Education Curriculum Analysis Tool**  
**Presenter: Jess Bogli, Education Consultant**

Conference on increasing students' capacities to learn, reducing  
absenteeism, and improving physical fitness and mental alertness

**Kenlake State  
Resort Park  
Hardin, Kentucky**



Conference Sponsors:

KY Action for Healthy Kids  
KY Department of Education  
PACS NOW



**REGISTRATION COST:**

2 Day Conference, September 28th and 29th

\$ 30.00/person

**Important Payment Information:**

All conference fees are expected with your registration form. Please make checks payable to Action for Healthy Kids. Purchase orders will be accepted as a form of payment. Refunds may not be requested.

**Registration Information:**

Registrations may be sent by email to Krista@pacs-ky.org; by fax to (270) 885-0101; or by mail to P.O. Box 549, Hopkinsville, KY 42241, Attention: NOW Program. If you have questions about the conference, please call Jen Harris at (270) 886-6341.

**Lodging:**

A block of rooms has been reserved at Kenlake State Resort Park. The conference room rate is \$69.95 plus tax and will expire on August, 15, 2009. Rooms purchased after that date may not be available and will be at a higher rate. Reservations must be identified as being part of Action for Healthy Kids. Reservations can be made by calling 1-800-325-0143. Kenlake State Resort Park is located at 542 Kenlake Road, Hardin, KY 42048.

**Meals:**

Your conference registration includes lunch on Monday and Tuesday at the park. Special arrangements have been made to include baked items and salad.

**Participant Information:**

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Special Accommodations: \_\_\_\_\_

Do you need CEUs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what type? \_\_\_\_ CHES \_\_\_\_ Nursing \_\_\_\_ EILA \_\_\_\_ Food Service

Name on License (If Applicable): \_\_\_\_\_

License Number (If Applicable): \_\_\_\_\_

\*All participants will be awarded a certificate of completion at the end of the conference on September 29th

Are you a member of Kentucky Action for Healthy Kids? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, would you like to join Kentucky Action for Healthy Kids? \_\_\_\_\_ Yes \_\_\_\_\_ No